

Temporary Food Establishment Permit Application

Submittal Date	Memo Number	Review Fee

☐ Single ☐ Recurring - ☐ Exempt ☐ Limited ☐ Complex

Please see the Environmental Health Fee Schedule for current fees.

APPLICANT INFORMATION	
Temporary Establishment Name	Contact Person
Email	Phone number (during event)
Mailing Address / City / State / Zip	

EVENT INFORMATION – Accurate information is critical. Contact us if these details change or a reinspection fee may be assessed		
Event Name	Location	
Event Address		
Event Date (For recurring events, list date of event start)	Food Service Begins (am/pm)	Food Service Ends (am/pm)
Event Coordinator		Event Coordinator Phone Number

MENU – <input type="checkbox"/> Commissary kitchen used – Attach Commissary Kitchen Agreement <input type="checkbox"/> Food Flow Form Attached – Required	
Changes or additions to menu require pre-approval from the Health District	
Water Supply	Wastewater <input type="checkbox"/> Sewer <input type="checkbox"/> Holding Tank <input type="checkbox"/> Septic System
Handwashing facilities provided in food preparation area <input type="checkbox"/> Plumbed Sink <input type="checkbox"/> Gravity-Flow Container	

By signing, I have read and agree to comply with the requirements for a temporary food establishment. I understand that if I do not comply with the above stated requirements, my establishment may be closed. I understand that I may be assessed a reinspection fee if I do not notify the Food Program of changes to the event date or time or my menu.

Applicant's Signature _____

Date _____

Food Flow Form

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Submittal Date

Indicate where food storage, preparation, cooking, or packaging will take place; **must be at an approved kitchen or at the site.**

Location of food preparation: ☐ On-site ☐ In an approved facility

Name and address of the approved facility: _____

Dates & times of food preparation: _____

Ware washing location: ☐ On-site ☐ In an approved facility

Name and address of the approved facility: _____

Complete the following charts for all food to be served. These charts will tell us how the food will be handled, from raw to finished product. Indicate the cooking temperatures and hot/cold holding temperatures. Food requiring cooling may be prohibited. Please call the Food Inspector of the Day at (360) 728-2235 with any questions. Attach additional pages if needed.

FOOD PREPERATION DONE BEFORE THE EVENT (AT SITE OR AT AN APPROVED KITCHEN)

FOODS SERVED	THAW	CUT/ASSEMBLE	COOK	COOL	REHEAT	HOT/COLD HOLDING
Example (Soup)	None	Cut veggies	On stove to 135°F	2" Depth	N/A	Transport Cold

FOOD PREPERATION DONE AT THE SITE DURING THE EVENT

FOODS SERVED	THAW	CUT/ASSEMBLE	COOK	COOL	REHEAT	HOT/COLD HOLDING
Example (Soup)	None	Cut veggies	On stove to 135°F	2" Depth	N/A	Transport Cold

